

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

12 CV 7633

Jerrold Eugene Dubose

#2

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

-against-

Jane Doe - DentistManhattan psychiatric CenterNurse Sonny DoeNurse Jane SavilleDoctor Burgious (et al)Jury Trial: ☐ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

RECEIVED
SO. DIST. CT. CLERK
2012 OCT 11 A 10:13

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Jerrold Eugene Dubose

ID #

702233

Current Institution

Kirby Forensic psychiatric Center

Address

600 E 125th St

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name JANE DOE - Dentist Shield # _____
 Where Currently Employed Manhattan Psychiatric Center
 Address 600 E 125th St
Wards Island NY 10035

Defendant No. 2 Name Nurse Sonny Doe Shield # _____
 Where Currently Employed MPC
 Address 600 E 125th St
Wards Island, NY 10035

Defendant No. 3 Name Nurse Jane Saville Shield # _____
 Where Currently Employed MPC
 Address 600 E 125th St
Wards Island, NY 10035

Defendant No. 4 Name Doctor Borgius (sic) Shield # _____
 Where Currently Employed MPC
 Address 600 E 125th St
Wards Island, NY 10035

Defendant No. 5 Name Doctor John Doe Shield # _____
 Where Currently Employed MPC
 Address 600 E 125th St
Wards Island, NY 10035

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? Manhattan
Psychiatric Center
- B. Where in the institution did the events giving rise to your claim(s) occur? Dentist
Office & Outpatient SB
- C. What date and approximate time did the events giving rise to your claim(s) occur? On or
About October 2011

D. Facts: On or About August 2011 I had a bad toothache the dentist put a filling in On or About Sept. 2011 the filling cracked my tooth. Instead of removing the tooth, the dentist put a filling on a cracked tooth which became infected to the point of excruciating pain. Nurse Sunny & nurse Sayville ignored my plea for something stronger than Tylenol to ease my pain. ~~But~~ Dr. Bugious gave me a psychotropic needle whenever I complained of my toothache.

As of today's date the tooth has not been extracted for I am leery about going to a dentist that caused me so much pain in the first place.

Furthermore when nurse Sunny call Dr. John Doe, he was told to ignore my plea for morphine in order to alleviate my pain & suffering.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

pain & suffering tooth pain
infection in the mouth ACOA, mental & physical distress
insomnia AS A result of excruciating pain lasting
from Oct 2011 - to November 2011

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Manhattan Psychiatric Center
600 E 125th St Wards Island, NY 10035

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☒

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

with the team (treatment)

1. Which claim(s) in this complaint did you grieve? The fact that

I had a bad toothache & facility did not give me Att.

2. What was the result, if any? None

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I didn't take any appeal
steps because there is no one to appeal to

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I sent a letter to the mental health legal services & exhausted my remedy as far as the grievance procedure is concerned which was speaking with the Dunlap SB team that ended with no resolve

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

PAID & Suffering \$1,000,000
 mental Anguish - \$1,000,000
 Negligence - \$500,000
 normal damage \$1,000,000
 Declaratory relief \$125,000
 punitive damages \$150,000

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Terrell E. Dubose

Defendants DMH (et al) N/A

2. Court (if federal court, name the district; if state court, name the county) Southern District of New York 500 Pearl St. 10007

3. Docket or Index number 12 Civ 586 (LAP)

4. Name of Judge assigned to your case Loretta Preska

5. Approximate date of filing lawsuit 8-30-12

6. Is the case still pending? Yes ☒ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) still pending

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of October, 2012

Signature of Plaintiff

Inmate Number

Institution Address

Jonald E. Dulong © Anth Rep
702233
Kirby Forensic & Psychiatric Center
600 E 125th St
Wards Island, NY 10035

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 5 day of October, 2012 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Jonald E. Dulong © Anth Rep
UCC 1-207

Serrol E. Dubose *@AuthRep*
KIRBY FORENSIC PSYCHIATRIC CENTER
WARD'S ISLAND
NEW YORK, NEW YORK 10035-6095

non-federal
non-domestic

REC'D
10/11/12

Clark
United States District Court
Southern District
500 Pearl Street
New York, NY 10007

10007381233

10007381233

SDNY

